

ORIGINAL

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RICHARD W. KING
U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

1 Jody Dion Patterson
2 Correctional Training Facility
3 P.O. Box 689, GW-252L
4 Soledad, CA. 93960-0689
5 In Pro Per
6 #E-88649

E-filing

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

10 Jody D. Patterson,
11 Plaintiff,
12 vs.
13 Ben Curry, Warden (A), et Al.,
14 Defendant. (s)

CV 07 5579
CASE NO.

PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

RMW

(PR)

16 I, Jody Dion Patterson, declare, under penalty of perjury that I am the plaintiff in
17 the above entitled case and that the information I offer throughout this application is true and correct.
18 I offer this application in support of my request to proceed without being required to prepay the full
19 amount of fees, costs or give security. I state that because of my poverty I am unable to pay the
20 costs of this action or give security, and that I believe that I am entitled to relief.

21 In support of this application, I provide the following information:

22 1. Are you presently employed? Yes ___ No XX
23 If your answer is "yes," state both your gross and net salary or wages per month, and give the name
24 and address of your employer:
25 Gross: \$0.00 Net: \$0.00
26 Employer: Not Applicable

28 If the answer is "no," state the date of last employment and the amount of the gross and net salary

1 and wages per month which you received. (If you are imprisoned, specify the last place of
2 employment prior to imprisonment.)

3 Raymond Interiors, Orange CA.
4 _____
5 _____

6 2. Have you received, within the past twelve (12) months, any money from any of the following
7 sources:

8 a. Business, Profession or Yes ____ No XX
9 self employment

10 b. Income from stocks, bonds, Yes ____ No XX
11 or royalties?

12 c. Rent payments? Yes ____ No XX

13 d. Pensions, annuities, or Yes ____ No XX
14 life insurance payments?

15 e. Federal or State welfare payments, Yes ____ No XX
16 Social Security or other govern-
17 ment source?

18 If the answer is "yes" to any of the above, describe each source of money and state the amount
19 received from each.

20 Not Applicable
21 _____

22 3. Are you married? Yes ____ No XX

23 Spouse's Full Name: Not Applicable

24 Spouse's Place of Employment: Not Applicable

25 Spouse's Monthly Salary, Wages or Income:

26 Gross \$ Not Applicable Net \$ Not Applicable

27 4. a. List amount you contribute to your spouse's support: \$ 0.00

28 b. List the persons other than your spouse who are dependent upon you for support

and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)

Not Applicable

5. Do you own or are you buying a home? Yes No XX

Estimated Market Value: \$ 0.00 Amount of Mortgage: \$ 0.00

6. Do you own an automobile? Yes No XX

Make Not Applicable Year Not Applicable Model Not Applicable

Is it financed? Yes No XX If so, Total due: \$ 0.00

Monthly Payment: \$ 0.00

7. Do you have a bank account? Yes No XX (Do not include account numbers.)

Name(s) and address(es) of bank: Not Applicable

Present balance(s): \$ 0.00

Do you own any cash? Yes No XX Amount: \$ 0.00

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes No XX

Not Applicable

8. What are your monthly expenses?

Rent: \$ 0.00 Utilities: \$ 0.00

Food: \$ 0.00 Clothing: \$ 0.00

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Acct.
<u>Not Applicable</u>	\$ <u>0.00</u>	\$ <u>0.00</u>
" "	\$ <u>"</u>	\$ <u>"</u>
" "	\$ <u>"</u>	\$ <u>"</u>

9. Do you have any other debts? (List current obligations, indicating amounts and to whom

they are payable. Do not include account numbers.)

1 Not Applicable

2

3 10. Does the complaint which you are seeking to file raise claims that have been presented in
4 other lawsuits? Yes ___ No XX

5 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which
6 they were filed.

7 Not Applicable

8

9 I consent to prison officials withdrawing from my trust account and paying to the court the
10 initial partial filing fee and all installment payments required by the court.

11 I declare under the penalty of perjury that the foregoing is true and correct and understand
12 that a false statement herein may result in the dismissal of my claims.

13

14

10-25-07

15

DATE

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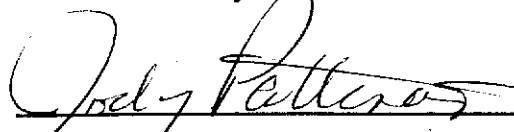
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SIGNATURE OF APPLICANT
Jody Dion Patterson
In Pro Per

Jody Dion Patterson
Correctional Training Facility
P.O. Box 689, GW-252L
Soledad, CA. 93960-0689
#E-88649

Case Number: _____

In Pro Per

CERTIFICATE OF FUNDS

IN

PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of PATTERSON E88649 for the last six months

at TRAINING FACILITY
PO BOX 689
SOLEDAD, CA 93960 [prisoner name]
ATTN: TRUST OFFICE where (s)he is confined.

[name of institution]

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ 0 and the average balance in the prisoner's account each month for the most recent 6-month period was \$.07¢.

Dated: 10-26-07

Brenda Nation, Account Technician
[Authorized officer of the institution]

TRAINING FACILITY
PO BOX 689
SOLEDAD, CA 93960
ATTN: TRUST OFFICE

RECORDED
COUNT MAINTAINED
10-26-07
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY Brenda Nation
TRUST OFFICE

Account Technician

00001000

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS
 CTF SOLEDAD/TRUST ACCOUNTING
 INMATE TRUST ACCOUNTING SYSTEM
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: MAY 27, 2007 THRU OCT. 26, 2007

ACCOUNT NUMBER : E88649 BED/CELL NUMBER: CFGWT2000000252L
 ACCOUNT NAME : PATTERSON, JODY DION ACCOUNT TYPE: I
 PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

TRAN

DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
------	------	-------------	---------	-----------	----------	-------------	---------

05/27/2007		BEGINNING BALANCE					0.40
06/21	W515	COPY CHARGE	3929 COPY			0.40	0.00

CURRENT HOLDS IN EFFECT

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
12/01/2006	H110	COPIES HOLD	1596 MCOPY	0.40
06/21/2007	H110	COPIES HOLD	3929 COPY	7.10
07/13/2007	H110	COPIES HOLD	0169 MCOPY	0.50

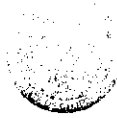
TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.40	0.00	0.40	0.00	8.00	0.00

CURRENT
 AVAILABLE
 BALANCE

8.00-

RECEIVED
 P.O. BOX 200
 SOLEDAD, CA 93960
 ATTN: TRUST OFFICE



ACCOUNTING
 10-26-07
 CALIFORNIA DEPARTMENT OF CORRECTIONS
 BY Brenda Sater
 TRUST OFFICE

Account Technician

STATE OF CALIFORNIA
CDC - 193 (1/88)

DEPARTMENT OF CORRECTIONS

TRUST ACCOUNT WITHDRAWAL ORDER

Date 10-25 2007

To: Warden

Approved CCF C. E. E. E.

I hereby request that my Trust Account be charged \$_____ for the purpose stated below and authorize the withdrawal of that sum from my account:

E-88649

NUMBER

State below the PURPOSE for which withdrawal is requested (do not use this form for Canteen or Hobby purchase).

PURPOSE \$ 5.00 FILING FEE

CHECK TO BE FORWARDED TO

NAMES AT RIGHT →

Jody Patterson

NAME (Signature please, DO NOT PRINT)

PRINT PLAINLY BELOW name and address of person to whom check is to be mailed.

UNITED STATES DISTRICT COURT
NAME FOR THE NORTHERN DISTRICT

ADDRESS U.S. COURTHOUSE

450 GOLDEN GATE AVE.

SAN FRANCISCO, CA. 94102-3483

Jody D. Patterson

PRINT YOUR FULL NAME HERE